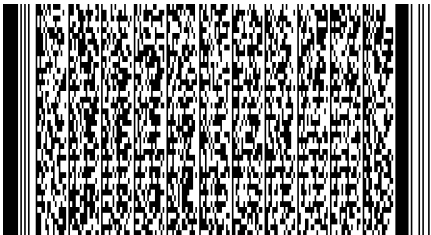


Item #	AZ Forms Produced (400-00-1008)
1	AZ 140 PY
2	AZ 140 APY
3	AZ 8453
4	AZ 140V
5	AZ Worksheet (Line 27 & 28) (Not Transmitted)

Item #	Changes to Federal Pats Test
1	Federal TP SSN to 400-00-7508
2	City from HorseShoe to Eloy
3	State from NC to AZ
4	Zip Code from 28742 to 85231
5	County from Henderson to Pinal
6	Daytime Phone from null to 520-349-5827
7	Home Phone from null to 520-524-0612
8	Remove date of death & Federal Form 1310
9	Dependent information SSN 400-55-3008 to 400-55-7590
10	Add W2 #2 Box B = 561124567 Box C = Eloy Farms; 1 Eloy Ave; Eloy, AZ 85231 Box E = Same as mailing address Box 1 = \$15,000 Box 2 = \$950 Box 3 = \$15,000 Box 4 = \$930 Box 5 = \$15,000 Box 6 = \$218 Box 15 = AZ 432211 Box 16 = \$15,000 Box = \$162
11	AZ 140PY Clean Elections Fund Tax Reduction checked Child Abuse Prevention Fund \$50 Dates of AZ Residency 04-05-2004 to 12-31-2004 Other state of Residence = North Carolina Federal Deductible IRA \$450 applies to AZ
12	AZ 140APY Medical \$2,000 Allowable taxes \$562 Allowable interest \$3,000

YOUR FIRST NAME AND INITIAL 1 TEST M LUCKY		LAST NAME		YOUR SOCIAL SECURITY NO. 400-00-7508	
IF A JOINT RETURN, SPOUSE'S FIRST NAME AND INITIAL 1		LAST NAME		SPOUSE'S SOCIAL SECURITY NO.	
PRESENT HOME ADDRESS - NO. AND STREET, RURAL ROUTE 2 JOHN M LUCKY 13 WINNERS CIR		APT. NO.	DAYTIME PHONE: 520-349-5827	<div>IMPORTANT</div> <div>You must enter your SSNs.</div>	
CITY, TOWN OR POST OFFICE 3 ELOY, AZ 85231		STATE	ZIP CODE		
				FOR DOR USE ONLY	
Filing Status	4	Married filing joint return			
	5	Head of household - name of qualifying child or dependent:			
	6	Married filing separate return. Enter spouse's Social Security Number above and full name here.			
	7	X Single			
	8	Enter the number claimed. Age 65 or over (you and/or spouse)			
Exemptions	9	Blind (you and/or spouse)			
	10	Do not put a check mark. Dependents. From page 2, line A2 - do not include self or spouse.			
	11	Qualifying parents and ancestors of your parents from page 2, line A5.			
12-13 Residency Status (check one): 12 X Part-Year Resident Other than Active Military		13		Part-Year Resident Active Military	
<div>THIS BOX MAY BE BLANK OR MAY CONTAIN A PRINTED BARCODE OF DATA FROM YOUR RETURN</div> 		14	Federal AGI	14	39,073 00
		15	Arizona income (from page 2, line B19)	15	14,550 00
		16	Additions to income (from page 2, line C24)	16	00
		17	Add lines 15 and 16	17	14,550 00
		18	(This line not used.)		
		19	Subtractions. Number from line D34a 191	19	856 00
		20	Arizona AGI. Line 17 minus line 19	20	13,694 00
		21	21 I X ITEMIZED 21 S STANDARD	21	5,562 00
		22	Personal exemptions (see instructions)	22	781 00
		23	AZ taxable inc. Line 20 minus lines 21 & 22	23	7,351 00
24	Compute the tax using Tax Table X or Y	24	212 00		
25	Tax from recapture of credits	25	00		
26	Subtotal of tax. Add lines 24 and 25	26	212 00		
27 - 28	Clean Elections Fund Tax Reduction				
27 1	X YOURSELF	27 2	SPOUSE	28	5 00
29	Reduced tax. Subtract line 28 from line 26	29	207 00		
30	Family income tax credit from worksheet on page 16 of the instructions	30	00		
31	Credits from Arizona Form 301, line 58, or Forms 310, 321, 322 and 323 if Form 301 is not required	31	00		
32	Credit type. Enter form number of each credit claimed: 32 3 3 3 3				
33	Clean Elections Fund Tax Credit. From worksheet on page 18 of the instructions	33	00		
34	Balance of tax. Subtract lines 30, 31 and 33 from line 29. If the sum of lines 30, 31 and 33 is more than line 29, enter zero	34	207 00		
35	Arizona income tax withheld during 2004	35	162 00		
36	Arizona estimated tax payments for 2004	36	00		
37	Amount paid with 2004 Arizona extension request (Form 204)	37	00		
38	Increased Excise Tax Credit. From worksheet on page 18 of the instructions	38	00		
39	Other refundable credits. Check box(es) and enter amount(s): 39 A1 329 39 A2 330	39	00		
40	Total payments/refundable credits. Add lines 35 through 39.	40	162 00		
41	TAX DUE. If line 34 is larger than line 40, subtract line 40 from line 34, and enter amount of tax due. Skip lines 42, 43 and 44.	41	45 00		
42	OVERPAYMENT. If line 40 is larger than line 34, subtract line 34 from line 40, and enter amount of overpayment.	42	00		
43	Amount of line 42 to be applied to 2005 estimated tax	43	00		
44	Balance of overpayment. Subtract line 43 from line 42.	44	00		
45-52	Aid to Education (entire refund only) 45 00	Arizona Wildlife 46 00	Citizens Clean Elections 47 00		
	Child Abuse Prevention 48 50 00	Domestic Violence Shelter 49 00	Neighbors Helping Neighbors 50 00		
	Special Olympics 51 00	Political Gift 52 00			
53	Check only one if making a political gift: 53 1 Democratic 53 2 Libertarian 53 3 Republican				
54	Estimated payment penalty and MSA withdrawal penalty	54	00		
55	Check applicable boxes: 55 1 Annualized/Other 55 2 Farmer or Fisherman 55 3 Form 221 attached 55 4 MSA Penalty				
56	Total of lines 45, 46, 47, 48, 49, 50, 51, 52 and 54	56	50 00		
57	REFUND. Subtract line 56 from line 44. If less than zero, enter amount owed on line 58.	57	00		
Direct Deposit of Refund: See instructions. ROUTING NUMBER ACCOUNT NUMBER		C Checking or S Savings			
98					
58	AMOUNT OWED. Add lines 41 and 56. Make check payable to Arizona Department of Revenue; include SSN on payment.	58	95 00		

A1

List children and other dependents. Do not list yourself or spouse. If more space is needed, attach a separate sheet.

FIRST AND LAST NAME

GOTTABE LUCKY

SOCIAL SECURITY NO.

400-55-7590

RELATIONSHIP

SON

NO. OF MONTHS LIVED IN YOUR HOME IN 2004

00

A2

Enter total number of persons listed in A1 here and on page 1 of this form, box 10 TOTAL

A2

1

A3

Enter the names of the dependents listed above who do not qualify as your dependent on your federal return:

A4

List qualifying parents and ancestors of your parents. If more space is needed, attach a separate sheet. You cannot list the same person here and also on line A1. For information on who is a qualifying parent or ancestor of your parents, see page 5 of the instructions.

FIRST AND LAST NAME

SOCIAL SECURITY NO.

RELATIONSHIP

NO. OF MONTHS LIVED IN YOUR HOME IN 2004

A5

Enter total number of persons listed in A4 here and on page 1 of this form, box 11 TOTAL

A5

0

B6

Dates of Arizona residency: From 04-05-2004 to 12-31-2004 .

List other state(s) of residency: NORTH CAROLINA

2004 FEDERAL

Amount from federal return

2004 ARIZONA

Amount only

B7

Wages, salaries, tips, etc.

B7

36,000

00

15,000

00

B8

Interest

B8

290

00

00

B9

Dividends

B9

223

00

00

B10

Arizona income tax refunds

B10

00

00

B11

Alimony received

B11

00

00

B12

Business income (or loss) from federal Schedule C

B12

00

00

B13

Gains (or losses) from federal Schedule D

B13

00

00

B14

Rents, royalties, partnerships, estates, trusts, small business corporations from federal Schedule E . . .

B14

00

00

B15

Other income reported on your federal return

B15

3,560

00

00

B16

Total income: Add lines B7 through B15

B16

40,073

00

15,000

00

B17

Federal adjustments. Attach your own schedule

B17

1,000

00

00

B18

Federal adjusted gross income. Subtract line B17 from line B16 in the FEDERAL column

B18

39,073

00

00

B19

Arizona income: Subtract line B17 from line B16 in the ARIZONA column. Enter here and on page 1 of this form, line 15

B19

14,550

00

B20

Arizona percentage: Divide line B19 by line B18, and enter the result (not over 100%)

B20

37.20

%

C21

Early withdrawal of Arizona Retirement System contributions

C22

Total depreciation included in Arizona gross income

C23

Other additions to income. See instructions and attach your own schedule

C24

Total: Add lines C21 through C23. Enter here and on page 1 of this form on line 16

C21

00

C22

00

C23

00

C24

00

D25

Exemption: Age 65 or over. Multiply the number in box 8, page 1, by \$2,100

D26

Exemption: Blind. Multiply the number in box 9, page 1, by \$1,500

D27

Exemption: Dependents. Multiply the number in box 10, page 1, by \$2,300

D28

Exemption: Qualifying parents and ancestors. Multiply the number in box 11, page 1, by \$10,000

D29

Total exemptions: Add lines D25 through D28

D30

Multiply line D29 by the percentage on line B20, and enter the result

D31

Interest on U.S. obligations such as U.S. savings bonds and treasury bills included in the ARIZONA column

D32

Arizona state lottery winnings included on line B15 in the ARIZONA column (up to \$5,000 only)

D33

U.S. Social Security or Railroad Retirement Act benefits included in your ARIZONA income

D34

Construction of an energy efficient residence. See page 10 of instructions. Enter number D34a , then amount

D35

Other subtractions from income. See instructions and attach your own schedule

D36

Total: Add lines D30 through D35. Enter here and on page 1 of this form, line 19

D25

00

D26

00

D27

2,300

00

D28

00

D29

2,300

00

D30

856

00

D31

00

D32

00

D33

00

D34

00

D35

00

D36

856

00

E37

Last name(s) used in prior years if different from name(s) used in current year:

I have read this return and any attachments with it. Under penalties of perjury, I declare that to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

YOUR SIGNATURE

11-01-2004

DATE

SPOUSE'S SIGNATURE

DATE

PAID PREPARER'S SIGNATURE

FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED)

PAID PREPARER'S TIN

DATE

PAID PREPARER'S ADDRESS

If you are sending a payment with this return, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ, 85072-2016.

If you are expecting a refund or owe no tax, or owe tax but are not sending a payment, mail to Arizona Department of Revenue, PO Box 52138, Phoenix, AZ, 85072-2138.

**ARIZONA SCHEDULE
A(PY)**

**Itemized Deductions
For Part-Year Residents**

2004

Attach to your return

NAME(S) AS SHOWN ON FORM 140PY

TEST M LUCKY

YOUR SOCIAL SECURITY NUMBER

400-00-7508

SPOUSE'S SOCIAL SECURITY NUMBER

Medical and Dental Expenses • Taxes • Interest Expense • Gifts to Charity

1	Medical and dental expenses incurred and paid while an Arizona resident plus the amount of such expenses from Arizona sources that you incurred and paid during the part of the year while an Arizona nonresident	1	2,000	00
2	Taxes allowable on federal Form 1040, Schedule A, that you incurred and paid while an Arizona resident plus the amount of such taxes from Arizona sources that you incurred and paid during the part of the year while an Arizona nonresident	2	562	00
3	Interest expense: See instructions	3	3,000	00
4	Gifts to charity allowable on federal Form 1040, Schedule A, that you incurred and paid while an Arizona resident plus the amount of such gifts from Arizona sources that you incurred and paid during the part of the year while an Arizona nonresident	4		00

Casualty and Theft Losses

5	Casualty loss(es) allowable on federal Form 1040, Schedule A, after applying the 10% federal adjusted gross income limitation and the \$100 per loss floor	5		00
6	Casualty loss(es) allowable on federal Form 4684 before applying the 10% federal adjusted gross income limitation and the \$100 per loss floor	6		00
7	Amount of loss on line 6 incurred while you were an Arizona resident plus the amount of loss from Arizona sources on line 6 that you incurred during the part of the year while an Arizona nonresident	7		00
8	Divide line 7 by line 6, and enter the percentage	8		%
9	Multiply line 5 by the percentage on line 8	9		00

Job Expenses and Other Miscellaneous Expenses

10	Miscellaneous expenses subject to the 2% federal adjusted gross income limitation allowable on federal Form 1040, Schedule A, before applying the limitation	10		00
11	Amount on line 10 that you incurred and paid while an Arizona resident plus the amount on line 10 from Arizona sources that you incurred and paid during the part of the year while an Arizona nonresident	11		00
12	Divide line 11 by line 10, and enter the percentage	12		%
13	Miscellaneous deductions subject to the 2% federal adjusted gross income limit allowable on federal Form 1040, Schedule A, after applying the limitation	13		00
14	Multiply line 13 by the percentage on line 12	14		00
15	Other miscellaneous expenses allowable on federal Form 1040, Schedule A, not subject to the 2% federal adjusted gross income limitation that you incurred and paid while an Arizona resident plus the amount of such expenses from Arizona sources that you incurred and paid during the part of the year while an Arizona nonresident	15		00
Skip lines 16 through 20 if not deducting gambling losses.				
16	Wagering losses included on line 15	16		00
17	Total gambling winnings included in your Arizona gross income	17		00
18	Authorized Arizona lottery subtraction from Form 140PY, page 2, line D32	18		00
19	Maximum allowable gambling loss deduction: Subtract line 18 from line 17	19		00
20	If line 19 is less than line 16, subtract line 19 from line 16; otherwise enter "zero"	20		00
21	If you completed lines 16 through 20, subtract line 20 from line 15. If you skipped lines 16 through 20, enter amount on line 15 here	21		00
22	Add lines 14 and 21	22		00

Total Itemized Deductions

23	Tentative Arizona itemized deduction: Add lines 1, 2, 3, 4, 9, and 22. If your federal adjusted gross income is more than \$142,700 (\$71,350 if married filing separately), complete lines 24 through 28 below. Otherwise, enter the amount on line 23 on Form 140PY, page 1, line 21	23	5,562	00
24	If your federal adjusted gross income is more than \$142,700 (\$71,350 if married filing separately), enter on line 24 the amount by which you have to reduce your federal itemized deductions because your federal adjusted gross income was over this threshold	24		00
25	Enter your total federal itemized deductions allowable on federal Form 1040, Schedule A, prior to the federal adjusted gross income limitation	25		00
26	Divide line 23 by line 25, and enter the percentage	26		%
27	Multiply line 24 by the percentage on line 26, and enter the result	27		00
28	Subtract line 27 from line 23. Enter the result here and on Form 140PY, page 1, line 21	28		00

a Control number		OMB No. 1545-0008		Safe, accurate, FAST! Use irs e-file Visit the IRS website at www.irs.gov .	
b Employer identification number 56-1234567			1 Wages, tips, other compensation 21,000	2 Federal income tax withheld 800	
c Employer's name, address, and ZIP code THOROUGHbred FARMS 1 LICKSKILLET LANE HORSE SHOE NC 28742			3 Social security wages 21,000	4 Social security tax withheld 1,302	
			5 Medicare wages and tips 21,000	6 Medicare tax withheld 305	
			7 Social security tips	8 Allocated tips	
d Employee's social security number 400-00-7508			9 Advance EIC payment		10 Dependent care benefits
e Employee's first name and initial Last name TEST M LUCKY 13 WINNERS CIR HORSE SHOE NC 28742			11 Nonqualified plans		12a See instructions for box 12
			13 Statutory employee Retmnt. plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b
			14 Other		12c
					12d
f Employee's address and ZIP code					
15 State Employer's state I.D. no. NC 568866	16 State wages, tips, etc. 21,000	17 State income tax 980	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form **W-2 Wage and Tax Statement**

2004

Department of the Treasury-Internal Revenue Service

Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

☐ CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone no. STATE OF NORTH CAROLINA 1000 MAIN STREET RALEIGH NC 27634		1 Unemployment compensation	OMB No. 1545-0120
		\$ 3,560	2004 Form 1099-G
		2 State or local income tax refunds, credits, or offsets \$	
PAYER'S Federal identification number 411111114	RECIPIENT'S identification number 400-00-7508	3 Box 2 amount is for tax year 2004	4 Federal income tax withheld \$
RECIPIENT'S name TEST M LUCKY Street address (including apt. no.) 13 WINNERS CIR City, state, and ZIP code HORSE SHOE NC 28742		5	6 Taxable grants \$
		7 Agriculture payments \$	8 Box 2 is trade or business income <input type="checkbox"/>
		State	State identification number
Account number (optional)		State unemployment amount	State withholding

**Certain
Government
Payments**

**Copy B
For Recipient**

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

Form **1099-G**

(keep for your records)

Department of the Treasury - Internal Revenue Service

Child Tax Credit Worksheet

Keep for your records.

Name(s) as shown on return

Your social security number

TEST M LUCKY

400-00-7508

Before you begin:

If you received (before offset) an advance payment of the child tax credit and you filed a joint return for 2003, you and your spouse are each considered to have received one-half of the payment.

If you received Notice 1319, have it available. The notice shows the amount of your advance payment (before offset). If you do not have Notice 1319, you check the amount of your advance payment (before offset) on the IRS website at www.irs.gov. You will need to enter your SSN, your 2003 filing status, and the total number of exemptions you claimed on line 6d of your 2003 Form 1040 or Form 1040A.

Part 1

1. Number of qualifying children: 1 X \$1,000. Enter the result. 1 1,000

2. Enter the amount, if any, of your advance child tax credit (before offset). 2 _____

3. Is line 1 less than line 2?
☐ **Yes. STOP** You cannot take this credit. If line 2 is more than line 1, you do not have to pay back the difference.
☒ **No.** Subtract line 2 from line 1. 3 1,000

4. Enter the amount from Form 1040, line 35, or Form 1040A, line 22. 4 39,073

5. **1040 Filers.** Enter the total of any -
 • Exclusion of income from Puerto Rico, and
 • Amounts from Form 2555, lines 43 and 48;
 Form 2555-EZ, line 18; and Form 4563, line 15.
1040A Filers. Enter -0-.

6. Add lines 4 and 5. Enter the total. 6 39,073

7. Enter the amount shown below for your filing status.
 • Married filing jointly - \$110,000
 • Single, head of household, or qualifying widow(er) - \$75,000
 • Married filing separately - \$55,000

8. Is the amount on line 6 more than the amount on line 7?
☒ **No.** Leave line 8 blank. Enter -0- on line 9.
☐ **Yes.** Subtract line 7 from line 6.
 If the result is not a multiple of \$1,000, increase it to the next multiple of \$1,000 (for example, increase \$425 to \$1,000, increase \$1,025 to \$2,000, etc.). 7 75,000

9. Multiply the amount on line 8 by 5% (.05). Enter the result. 9 0

10. Is the amount on line 3 more than the amount on line 9?
☐ **No. STOP**
 You cannot take the child tax credit on Form 1040, line 49, or Form 1040A, line 33. You also cannot take the additional child tax credit on Form 1040, line 65, or Form 1040A, line 42. Complete the rest of your Form 1040 or 1040A.
☒ **Yes.** Subtract line 9 from line 3. Enter the result. 10 1,000
 Go to Part 2.

Part 2

11. Enter the amount from Form 1040, line 43, or Form 1040A, line 28. 11 3,846

12. Add the amounts from -

Form 1040	or	Form 1040A	
Line 44			_____
Line 45		Line 29	+ _____
Line 46		Line 30	+ _____
Line 47		Line 31	+ _____
Line 48		Line 32	+ _____
Enter the total.			12 _____

13. Are you claiming any of the following credits?
 • Adoption credit, Form 8839
 • Mortgage interest credit, Form 8396
 • District of Columbia first-time homebuyer credit, Form 8859
☒ **No.** Enter the amount from line 12. 13 _____
☐ **Yes.** Complete the Line 13 Worksheet to figure the amount to enter here. }

14. Subtract line 13 from line 11. Enter the result. 14 3,846

15. Is the amount on line 10 of this worksheet more than the amount on line 14?
☒ **No.** Enter the amount from line 10. 15 1,000
☐ **Yes.** Enter the amount from line 14. See the **TIP** below. } **This is your child tax credit.**

TIP

You may be able to take the **additional child tax credit** on Form 1040, line 65, or Form 1040A, line 42, only if you answered "Yes" on line 15.

- First, complete your Form 1040 through line 64, or Form 1040A through line 41.
- Then, use Form 8812 to figure any additional child tax credit.

Enter this amount on
Form 1040, line 49, or
Form 1040A, line 33.

Label		For the year Jan. 1-Dec. 31, 2004, or other tax year beginning , 2004, ending , 20		OMB. No. 1545-0074			
Use the IRS label. (See instructions on page 16.) Otherwise, please print or type.	L	Your first name and initial		Last name			
	A	TEST M		LUCKY			
	B	If a joint return, spouse's first name and initial		Last name			
	E						
Use the IRS label. (See instructions on page 16.) Otherwise, please print or type.	H	Home address (number and street). If you have a P.O. box, see page 16.		Apt. no.			
	E	JOHN M LUCKY					
	R	13 WINNERS CIR					
	E	City, town or post office, state, and ZIP code. If you have a foreign address, see page 16.					
Presidential Election Campaign (See page 16.)	ELOY	AZ	85231				
Note. Checking "Yes" will not change your tax or reduce your refund.							
Do you, or your spouse if filing a joint return, want \$3 to go to this fund? <input checked="" type="checkbox"/> You <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No							
Filing Status Check only one box.	1	<input checked="" type="checkbox"/> Single		4 <input type="checkbox"/> Head of household (with qualifying person). (See page 17.) If the qualifying person is a child but not your dependent, enter this child's name here.			
	2	<input type="checkbox"/> Married filing jointly (even if only one had income)					
	3	<input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. 5 <input type="checkbox"/> Qualifying widow(er) with dependent child. (See page 17)					
Exemptions	6 a	<input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a		Boxes checked on 6a and 6b 1			
	b	<input type="checkbox"/> Spouse		No. of children on 6c who:			
	c Dependents:				● lived with you		
					● did not live with you due to divorce or separation (see page 18)		
If more than four dependents, see page 18.	(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) Check if qualifying child for child tax credit (see pg 18)		
	GOTTABE	LUCKY	400-55-7590	SON	<input checked="" type="checkbox"/>	1	
					<input type="checkbox"/>		
					<input type="checkbox"/>		
d Total number of exemptions claimed 2							
Income Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld. If you did not get a W-2, see page 19. Enclose, but do not attach, any payment. Also, please use Form 1040-V.	7	Wages, salaries, tips, etc. Attach Form(s) W-2			7	36,000	
	8a	Taxable interest. Attach Schedule B if required			8a	290	
	b	Tax-exempt interest. Do not include on line 8a 8b					
	9a	Ordinary dividends. Attach Schedule B if required			9a	223	
	b	Qualified dividends (see page 20) 9b					
	10	Taxable refunds, credits, or offsets of state and local income taxes (see page 20)			10		
	11	Alimony received			11		
	12	Business income or (loss). Attach Schedule C or C-EZ			12		
	13	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>			13		
	14	Other gains or (losses). Attach Form 4797			14		
	15a	IRA distributions 15a		b Taxable amount (see page 22)	15b		
	16a	Pensions and annuities 16a		b Taxable amount (see page 22)	16b		
	17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E			17		
	18	Farm income or (loss). Attach Schedule F			18		
	19	Unemployment compensation			19	3,560	
	20a	Social security benefits 20a		b Taxable amount (see page 24)	20b		
	21	Other income.			21		
	22	Add the amounts in the far right column for lines 7 through 21. This is your total income			22	40,073	
	Adjusted Gross Income	23	Educator expenses (see page 26) 23				
		24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 24				
		25	IRA deduction (see page 26) 25			1,000	
26		Student loan interest deduction (see page 28) 26					
27		Tuition and fees deduction (see page 29) 27					
28		Health savings account deduction. Attach Form 8889 28					
29		Moving expenses. Attach Form 3903 29					
30		One-half of self-employment tax. Attach Schedule SE 30					
31		Self-employed health insurance deduction (see page 30) 31					
32		Self-employed SEP, SIMPLE, and qualified plans 32					
33		Penalty on early withdrawal of savings 33					
34a		Alimony paid b Recipient's SSN 34a					
35	Add lines 23 through 34a 35			1,000			
36	Subtract line 35 from line 22. This is your adjusted gross income 36			39,073			

Tax and Credits**Standard Deduction for—**

● People who checked any box on line 38a or 38b or who can be claimed as a dependent, see page 31.

● All others:
Single or Married filing separately, \$4,850

Married filing jointly or Qualifying widow(er), \$9,700

Head of household, \$7,150

37	Amount from line 36 (adjusted gross income)	37	39,073
38a	Check <input type="checkbox"/> You were born before January 2, 1940, <input type="checkbox"/> Blind. Total boxes checked <input type="checkbox"/> 38a		
	if: <input type="checkbox"/> Spouse was born before January 2, 1940, <input type="checkbox"/> Blind. 38b <input type="checkbox"/>		
b	If your spouse itemizes on a separate return or you were a dual-status alien, see pg 31 & check here 38b <input type="checkbox"/>		
39	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	39	4,850
40	Subtract line 39 from line 37	40	34,223
41	If line 37 is \$107,025 or less, multiply \$3,100 by the total number of exemptions claimed on line 6d. If line 37 is over \$107,025, see the worksheet on page 32	41	6,200
42	Taxable income. Subtract line 41 from line 40. If line 41 is more than line 40, enter -0-	42	28,023
43	Tax (see page 33). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	43	3,846
44	Alternative minimum tax (see page 35). Attach Form 6251	44	
45	Add lines 43 and 44	45	3,846
46	Foreign tax credit. Attach Form 1116 if required	46	
47	Credit for child and dependent care expenses. Attach Form 2441	47	
48	Credit for the elderly or the disabled. Attach Schedule R	48	
49	Education credits. Attach Form 8863	49	
50	Retirement savings contributions credit. Attach Form 8880	50	
51	Child tax credit (see page 37)	51	1,000
52	Adoption credit. Attach Form 8839	52	
53	Credits from: a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8859	53	
54	Other credits. Check applicable box(es): a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Specify	54	
55	Add lines 46 through 54. These are your total credits	55	1,000
56	Subtract line 55 from line 45. If line 55 is more than line 45, enter -0-	56	2,846

Other Taxes

57	Self-employment tax. Attach Schedule SE	57	
58	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	58	
59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
60	Advance earned income credit payments from Form(s) W-2	60	
61	Household employment taxes. Attach Schedule H	61	
62	Add lines 56 through 61. This is your total tax	62	2,846

Payments

If you have a qualifying child, attach Schedule EIC.

63	Federal income tax withheld from Forms W-2 and 1099	63	1,750
64	2004 estimated tax payments and amount applied from 2003 return	64	
65a	Earned income credit (EIC)	65a	
b	Nontaxable combat pay election 65b <input type="checkbox"/>		
66	Excess social security and tier 1 RRTA tax withheld (see page 54)	66	
67	Additional child tax credit. Attach Form 8812	67	
68	Amount paid with request for extension to file (see page 54)	68	
69	Other payments from: a <input type="checkbox"/> Form 2439 b <input checked="" type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8885	69	103
70	Add lines 63, 64, 65a, and 66 through 69. These are your total payments	70	1,853

Refund

Direct deposit? See page 54 and fill in 72b, 72c, and 72d.

71	If line 70 is more than line 62, subtract line 62 from line 70. This is the amount you overpaid	71	
72a	Amount of line 71 you want refunded to you	72a	
b	Routing number	c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
d	Account number		
73	Amount of line 71 you want applied to your 2005 estimated tax	73	

Amount You Owe

74	Amount you owe. Subtract line 70 from line 62. For details on how to pay, see page 55	74	993
75	Estimated tax penalty (see page 55)	75	

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see page 56)? ☒ Yes. Complete the following. ☐ No

Designee's name	Phone no.	Personal identification number (PIN)
IMA LUCKYONE II	888-555-1212	1 2 3 4 5

Sign Here

Joint return? See page 17.
Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	Daytime phone number
		GROUNDKEEPER	
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	520-349-5827

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
Firm's name (or yours if self-employed), address, and ZIP code	EIN		Phone no.

Credit for Federal Tax Paid on Fuels

► See the instructions on page 3.
► Attach this form to your income tax return.

2004Attachment
Sequence No. **23**

Name (as shown on your income tax return)

TEST M LUCKY

Taxpayer identification number

400-00-7508

Caution: ● You cannot claim any amounts on Form 4136 that you claimed on Form 8849 or Schedule C (Form 720).
● Sales by gasoline wholesale distributors cannot be claimed on Form 4136. Instead, use Schedule 4 (Form 8849) or Schedule C, line 11 (Form 720) to make these claims.

1 Nontaxable Use of Gasoline and Gasohol

	(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
a Off-highway business use of gasoline		\$.184		\$	362
b Use of gasoline on a farm for farming purposes		.184			
c Other nontaxable use of gasoline	03	.184	560		
		.184		103	
d 10% gasohol		.132		\$	359
e 7.7% gasohol		.14396			375
f 5.7% gasohol		.15436			376

2 Nontaxable Use of Aviation Gasoline

	(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
a Use in commercial aviation (other than foreign trade)		\$.15		\$	354
b Other nontaxable use		.194			324
		.194			

3 Nontaxable Use of Undyed Diesel Fuel

Claimant has the name and address of the person(s) who sold the diesel fuel to the claimant and the date(s) of the purchase(s) and if exported, the required proof of export.

Claimant certifies that the diesel fuel did not contain visible evidence of dye.

Exception. If any of the diesel fuel included in this claim **did** contain visible evidence of dye, attach a detailed explanation and check here ► ☐

Caution: Claims cannot be made on line 3 for diesel fuel used on a farm for farming purposes. Only registered ultimate vendors may make those claims (see line 6).

	(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
a Nontaxable use		\$.244		\$	360
		.244			
b Use in trains		.20			353
c Use in certain intercity and local buses		.17			350

4 Nontaxable Use of Undyed Kerosene

Claimant has the name and address of the person(s) who sold the kerosene to the claimant and the date(s) of the purchase(s) and if exported, the required proof of export.

Claimant certifies that the kerosene did not contain visible evidence of dye.

Exception. If any of the kerosene included in this claim **did** contain visible evidence of dye, attach a detailed explanation and check here ► ☐

Caution: Claims cannot be made on line 4 for kerosene used on a farm for farming purposes or for kerosene sold from a blocked pump. Only registered ultimate vendors may make those claims (see line 7).

	(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
Nontaxable use		\$.244		\$	346
		.244			

5 Nontaxable Use of Aviation Fuel

	(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
a Use in commercial aviation (other than foreign trade)		\$.175		\$	355
b Other nontaxable use		.219			369
c Other nontaxable uses		.044			377

6 Sales by Registered Ultimate Vendors of Undyed Diesel Fuel

UV Registration No. ►

Claimant sold the diesel fuel at a tax-excluded price, repaid the amount of tax to the buyer, or has obtained written consent of the buyer to take the claim; and obtained the required certificate from the buyer and has no reason to believe any information in the certificate is false. See the instructions for additional information to be submitted.

Claimant certifies that the diesel fuel did not contain visible evidence of dye.

Exception. If any of the diesel fuel included in this claim **did** contain visible evidence of dye, attach a detailed explanation and check here ☐

	(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
a Use on a farm for farming purposes		\$.244		\$	360
b Use by a state or local government		.244			

7 Sales by Registered Ultimate Vendors of Undyed Kerosene

UV Registration No. ►

UP Registration No. ►

Claimant sold the kerosene at a tax-excluded price, repaid the amount of tax to the buyer, or has obtained written consent of the buyer to take the claim; and obtained the required certificate (for lines 7a and 7b) from the buyer and has no reason to believe any information in the certificate is false, or has the Regulations section 48.6427-10(e)(4) statement, if required, for line 7c. See the instructions for additional information to be submitted.

Claimant certifies that the kerosene did not contain visible evidence of dye.

Exception. If any of the kerosene included in this claim **did** contain visible evidence of dye, attach a detailed explanation and check here ☐

	(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
a Use on a farm for farming purposes		\$.244		\$	346
b Use by a state or local government		.244			
c Sales from a blocked pump		.244			

8 Nontaxable Use of Liquefied Petroleum Gas (LPG) in Certain Buses

	(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
a Use in certain intercity and local buses		\$.062		\$	352
b Use in qualified local and school buses		.136			361

9 Gasohol Blending

Claimant bought gasoline taxed at the full rate and blended it with alcohol to make gasohol. The gasohol was sold or used in claimant's trade or business. For **each batch** of gasohol, claimant has the required information relating to the purchase of the gasoline and alcohol used to make the gasohol and to support the amount claimed.

	(a) Rate	Gallons of		(d) Amount of credit (col. (a) x col. (b))	(e) CRN
		(b) Gasoline	(c) Alcohol		
a 10% gasohol	\$.03734			\$	356
b 7.7% gasohol	.02804				357
c 5.7% gasohol	.02031				363

10 Total income tax credit claimed. Add lines 1 through 9, column (d). Enter here and on Form 1040, line 69 (also check box b on line 69); Form 1120, line 32g; Form 1120-A, line 28g; Form 1120S, line 23c; Form 1041, line 24g; or the proper line of other returns ►

10

\$ 103

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037204051231NC

[310]NN N 400557590SON

[315]

19650215

NN

[320]

What Is Form 1040-V and Do You Have To Use It?

It is a statement you send with your check or money order for any balance due on line 74 of your 2004 Form 1040. Using Form 1040-V allows us to process your payment more accurately and efficiently. We strongly encourage you to use Form 1040-V, but there is no penalty if you do not.

How To Fill In Form 1040-V

Line 1. Enter your social security number (SSN). If you are filing a joint return, enter the SSN shown first on your return.

Line 2. If you are filing a joint return, enter the SSN shown second on your return.

Line 3. Enter the amount you are paying by check or money order.

Line 4. Enter your name(s) and address exactly as shown on your return. Please print clearly.

How To Prepare Your Payment

- Make your check or money order payable to the **"United States Treasury."** Do not send cash.
- Make sure your name and address appear on your check or money order.
- Enter "2004 Form 1040," your daytime phone number, and your SSN on your check or money order. If you are filing a joint return, enter the SSN shown first on your return.
- To help process your payment, enter the amount on the right side of your check like this: \$ XXX.XX. Do not use dashes or lines (for example, do not enter "\$ XXX—" or "\$ XXX^{XX}/₁₀₀ ").

How To Send In Your 2004 Tax Return, Payment, and Form 1040-V

- Detach Form 1040-V along the dotted line.
- Do not staple or otherwise attach your payment or Form 1040-V to your return or to each other. Instead, just put them loose in the envelope.
- Mail your 2004 tax return, payment, and Form 1040-V in the envelope that came with your 2004 Form 1040 instruction booklet.

Note. If you do not have that envelope or you moved or used a paid preparer, mail your return, payment, and Form 1040-V to the Internal Revenue Service at the address shown that applies to you.

Paperwork Reduction Act Notice. We ask for the information on Form 1040-V to help us carry out the Internal Revenue laws of the United States. If you use Form 1040-V, you must provide the requested information. Your cooperation will help us ensure that we are collecting the right amount of tax.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Internal Revenue Code section 6103.

The time needed to complete and mail Form 1040-V will vary depending on individual circumstances. The estimated average time is 12 minutes. If you have comments about the accuracy of this time estimate or suggestions for making Form 1040-V simpler, we would be happy to hear from you. See the Instructions for Form 1040.

EEA

▼ Detach Here and Mail With Your Payment and Return ▼

Form 1040-V (2004)

LUCK

Form 1040-V		Payment Voucher		OMB No. 1545-0074	
Department of the Treasury Internal Revenue Service (99)		▶ Do not staple or attach this voucher to your payment or return.			2004
1 Your social security number (SSN)		2 If a joint return, SSN shown second on your return		3 Amount you are paying by check or money order	Dollars Cents
400-00-7508				993	
4 Your first name and initial				Last name	
TEST M				LUCKY	
If a joint return, spouse's first name and initial				Last name	
Home address (number and street)					Apt. no.
13 WINNERS CIR					
City, town or post office, state, and ZIP code					
ELOY, AZ 85231					

EEA

00-561332-07508-5

IRS Use Only - Do not write or staple in this space.

Form **8453****U.S. Individual Income Tax Declaration
for an IRS e-file Return**

OMB No. 1545-0936

Department of the Treasury
Internal Revenue Service

For the year January 1-December 31, 2004

2004

▶ See instructions.

Use the
IRS label.
Otherwise,
please
print or
type.L
A
B
E
L

H
E
R
E

Your first name and initial

TEST M

Last name

LUCKY

If a joint return, spouse's first name and initial

Last name

Home address (number and street). If you have a P.O. box, see instructions.

13 WINNERS CIR

Apt. no.

City, town or post office, state, and ZIP code

ELOY, AZ 85231

Your social security number

400-00-7508

Spouse's social security number

Important!
You **must** enter
your SSN(s) above.

Daytime phone number

520-349-5827**Part I Tax Return Information** (Whole dollars only)

1	Adjusted gross income (Form 1040, line 37; Form 1040A, line 22; Form 1040EZ, line 4)	1	39,073
2	Total tax (Form 1040, line 62; Form 1040A, line 38; Form 1040EZ, line 10)	2	2,846
3	Federal income tax withheld (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 7)	3	1,750
4	Refund (Form 1040, line 72a; Form 1040A, line 45a; Form 1040EZ, line 11a)	4	
5	Amount you owe (Form 1040, line 74; Form 1040A, line 47; Form 1040EZ, line 12)	5	993

Part II Declaration of Taxpayer (Sign only after Part I is completed.) **Be sure to keep a copy of your tax return.**6a ☐ I consent that my refund be directly deposited as designated in the electronic portion of my 2004 Federal income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.b ☒ I do not want direct deposit of my refund or I am not receiving a refund.c ☐ I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal entry to the financial institution account indicated in the tax preparation software for payment of my Federal taxes owed on this return and/or a payment of estimated tax. I further understand that this authorization may apply to subsequent Federal tax payments that I direct to be debited through the Electronic Federal Tax Payment System (EFTPS). In order for me to initiate subsequent payments, I request that the IRS send me a personal identification number (PIN) to access EFTPS. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537** no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

If I have filed a balance due return, I understand that if the IRS does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable interest and penalties. If I have filed a joint Federal and state tax return and there is an error on my state return, I understand my Federal return will be rejected.

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2004, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of my electronic income tax return. I consent to allow my electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgment of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return, and (d) the date of any refund.

**Sign
Here**

Your signature

Date

Spouse's signature. If a joint return, **both** must sign.

Date

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (See instructions.)

I declare that I have reviewed the above taxpayer's return and that the entries on Form 8453 are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The taxpayer will have signed this form before I submit the return. I will give the taxpayer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 1345, Handbook for Authorized IRS e-file Providers. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's signature	Date	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN
Use Only	Firm's name (or yours if self-employed), address, and ZIP code	EIN		
	DRAKE INCOME TAX & ACCOUNTING	56-1494243		
	235 E PALMER	Phone no.		
	FRANKLIN, NC 28734	828-524-2922		

Under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration is based on all information of which I have any knowledge.

Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP code	EIN		
		Phone no.		

For Paperwork Reduction Act Notice, see instructions.

EEA

Form 8453 (2004)

Credit for Qualified Retirement Savings Contributions

► **Attach to Form 1040 or Form 1040A.**
► **See instructions.**

OMB No. 1545-1805

2004Attachment
Sequence No. **129**

Name(s) shown on return

TEST M LUCKY

Your social security number

400-00-7508**CAUTION!** You **cannot** take this credit if **either** of the following applies.

- The amount on Form 1040, line 37, or Form 1040A, line 22, is more than \$25,000 (\$37,500 if head of household; \$50,000 if married filing jointly).
- The person(s) who made the qualified contribution or elective deferral **(a)** was born after January 1, 1987, **(b)** is claimed as a dependent on someone else's 2004 tax return, or **(c)** was a **student** (see instructions).

	(a) You	(b) Your spouse
1 Traditional and Roth IRA contributions for 2004. Do not include rollover contributions	1 1,000	
2 Elective deferrals to a 401(k) or other qualified employer plan, voluntary employee contributions, and 501(c)(18)(D) plan contributions for 2004 (see instructions)	2	
3 Add lines 1 and 2	3 1,000	
4 Certain distributions received after 2001 and before the due date (including extensions) of your 2004 tax return (see instructions). If married filing jointly, include both spouses' amounts in both columns. See instructions for an exception	4	
5 Subtract line 4 from line 3. If zero or less, enter -0-	5 1,000	
6 In each column, enter the smaller of line 5 or \$2,000	6 1,000	
7 Add the amounts on line 6. If zero, stop ; you cannot take this credit	7	1,000
8 Enter the amount from Form 1040, line 37*, or Form 1040A, line 22	8 39,073	
9 Enter the applicable decimal amount shown below:		

If line 8 is -		And your filing status is -		
Over -	But not over -	Married filing jointly	Head of household	Single, Married filing separately, or Qualifying widow(er)
Enter on line 9 -				
---	\$15,000	.5	.5	.5
\$15,000	\$16,250	.5	.5	.2
\$16,250	\$22,500	.5	.5	.1
\$22,500	\$24,375	.5	.2	.1
\$24,375	\$25,000	.5	.1	.1
\$25,000	\$30,000	.5	.1	.0
\$30,000	\$32,500	.2	.1	.0
\$32,500	\$37,500	.1	.1	.0
\$37,500	\$50,000	.1	.0	.0
\$50,000	---	.0	.0	.0

Note: If line 9 is zero, **stop**; you cannot take this credit.

10 Multiply line 7 by line 9	10	
11 Enter the amount from Form 1040, line 45, or Form 1040A, line 28	11 3,846	
12 Enter the total of your credits from Form 1040, lines 46 through 49, or Form 1040A, lines 29 through 31	12	
13 Subtract line 12 from line 11. If zero, stop ; you cannot take this credit	13	3,846
14 Credit for qualified retirement savings contributions. Enter the smaller of line 10 or line 13 here and on Form 1040, line 50, or Form 1040A, line 32	14	

*See Pub. 590 for the amount to enter if you are filing Form 2555, 2555-EZ, or 4563 or you are excluding income from Puerto Rico.

TEST M LUCKY
13 WINNERS CIR
ELOY, AZ 85231

TEST M LUCKY
13 WINNERS CIR
ELOY, AZ 85231

Internal Revenue Service
PO Box 7704
San Francisco, CA 94120-7704

Child Tax Credit Worksheet

Keep for your records.

Name(s) as shown on return

Your social security number

TEST M LUCKY

400-00-7508

Before you begin:

If you received (before offset) an advance payment of the child tax credit and you filed a joint return for 2003, you and your spouse are each considered to have received one-half of the payment.

If you received Notice 1319, have it available. The notice shows the amount of your advance payment (before offset). If you do not have Notice 1319, you check the amount of your advance payment (before offset) on the IRS website at www.irs.gov. You will need to enter your SSN, your 2003 filing status, and the total number of exemptions you claimed on line 6d of your 2003 Form 1040 or Form 1040A.

Part 1	1.	Number of qualifying children: <u>1</u> X \$1,000. Enter the result.	1	<u>1,000</u>
	2.	Enter the amount, if any, of your advance child tax credit (before offset).	2	<u> </u>
	3.	Is line 1 less than line 2? <input type="checkbox"/> Yes. STOP You cannot take this credit. If line 2 is more than line 1, you do not have to pay back the difference.		
		<input checked="" type="checkbox"/> No. Subtract line 2 from line 1.	3	<u>1,000</u>
	4.	Enter the amount from Form 1040, line 35, or Form 1040A, line 22.	4	<u>39,073</u>
	5.	1040 Filers. Enter the total of any - <ul style="list-style-type: none"> ● Exclusion of income from Puerto Rico, and ● Amounts from Form 2555, lines 43 and 48; Form 2555-EZ, line 18; and Form 4563, line 15. 1040A Filers. Enter -0-.	5	<u> </u>
	6.	Add lines 4 and 5. Enter the total.	6	<u>39,073</u>
	7.	Enter the amount shown below for your filing status. <ul style="list-style-type: none"> ● Married filing jointly - \$110,000 ● Single, head of household, or qualifying widow(er) - \$75,000 ● Married filing separately - \$55,000 	7	<u>75,000</u>
	8.	Is the amount on line 6 more than the amount on line 7? <input checked="" type="checkbox"/> No. Leave line 8 blank. Enter -0- on line 9. <input type="checkbox"/> Yes. Subtract line 7 from line 6. If the result is not a multiple of \$1,000, increase it to the next multiple of \$1,000 (for example, increase \$425 to \$1,000, increase \$1,025 to \$2,000, etc.).	8	<u> </u>
	9.	Multiply the amount on line 8 by 5% (.05). Enter the result.	9	<u>0</u>
10.	Is the amount on line 3 more than the amount on line 9? <input type="checkbox"/> No. STOP You cannot take the child tax credit on Form 1040, line 49, or Form 1040A, line 33. You also cannot take the additional child tax credit on Form 1040, line 65, or Form 1040A, line 42. Complete the rest of your Form 1040 or 1040A. <input checked="" type="checkbox"/> Yes. Subtract line 9 from line 3. Enter the result. Go to Part 2.	10	<u>1,000</u>	

Part 2	11.	Enter the amount from Form 1040, line 43, or Form 1040A, line 28.	11	<u>3,846</u>																													
	12.	Add the amounts from - <table border="0"> <tr> <td>Form 1040</td> <td>or</td> <td>Form 1040A</td> <td></td> </tr> <tr> <td>Line 44</td> <td></td> <td>Line 29</td> <td>+ <u> </u></td> </tr> <tr> <td>Line 45</td> <td></td> <td>Line 30</td> <td>+ <u> </u></td> </tr> <tr> <td>Line 46</td> <td></td> <td>Line 31</td> <td>+ <u> </u></td> </tr> <tr> <td>Line 47</td> <td></td> <td>Line 32</td> <td>+ <u> </u></td> </tr> <tr> <td>Line 48</td> <td></td> <td></td> <td>+ <u> </u></td> </tr> <tr> <td colspan="3">Enter the total.</td> <td>12</td> <td><u> </u></td> </tr> </table>	Form 1040	or	Form 1040A		Line 44		Line 29	+ <u> </u>	Line 45		Line 30	+ <u> </u>	Line 46		Line 31	+ <u> </u>	Line 47		Line 32	+ <u> </u>	Line 48			+ <u> </u>	Enter the total.			12	<u> </u>		
	Form 1040	or	Form 1040A																														
	Line 44		Line 29	+ <u> </u>																													
	Line 45		Line 30	+ <u> </u>																													
	Line 46		Line 31	+ <u> </u>																													
	Line 47		Line 32	+ <u> </u>																													
	Line 48			+ <u> </u>																													
	Enter the total.			12	<u> </u>																												
	13.	Are you claiming any of the following credits? <ul style="list-style-type: none"> ● Adoption credit, Form 8839 ● Mortgage interest credit, Form 8396 ● District of Columbia first-time homebuyer credit, Form 8859 <input checked="" type="checkbox"/> No. Enter the amount from line 12. <input type="checkbox"/> Yes. Complete the Line 13 Worksheet to figure the amount to enter here.	13	<u> </u>																													
14.	Subtract line 13 from line 11. Enter the result.	14	<u>3,846</u>																														
15.	Is the amount on line 10 of this worksheet more than the amount on line 14? <input checked="" type="checkbox"/> No. Enter the amount from line 10. <input type="checkbox"/> Yes. Enter the amount from line 14. See the TIP below.	15	<u>1,000</u>																														

TIP

You may be able to take the **additional child tax credit** on Form 1040, line 65, or Form 1040A, line 42, only if you answered "Yes" on line 15.

- First, complete your Form 1040 through line 64, or Form 1040A through line 41.
- Then, use Form 8812 to figure any additional child tax credit.

Enter this amount on Form 1040, line 49, or Form 1040A, line 33.

☐ CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone no. STATE OF NORTH CAROLINA 1000 MAIN STREET RALEIGH NC 27634		1 Unemployment compensation	OMB No. 1545-0120
		\$ 3,560	2004 Form 1099-G
		2 State or local income tax refunds, credits, or offsets \$	
PAYER'S Federal identification number 411111114	RECIPIENT'S identification number 400-00-7508	3 Box 2 amount is for tax year 2004	4 Federal income tax withheld \$
RECIPIENT'S name TEST M LUCKY Street address (including apt. no.) 13 WINNERS CIR City, state, and ZIP code HORSE SHOE NC 28742		5	6 Taxable grants \$
		7 Agriculture payments \$	8 Box 2 is trade or business income <input type="checkbox"/>
		State	State identification number
Account number (optional)		State unemployment amount	State withholding

**Certain
Government
Payments**

**Copy B
For Recipient**

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

Form **1099-G**

(keep for your records)

Department of the Treasury - Internal Revenue Service